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Bib Data Sheet

CONFIRMATION NO. 4306

<b>SERIAL NUMBER</b> 10/045,458	<b>FILING OR 371(c) DATE</b> 11/07/2001 <b>RULE</b>	<b>CLASS</b> 381	<b>GROUP ART UNIT</b> 2615	<b>ATTORNEY DOCKET NO.</b> Baumgarte 1-6-8
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/311,565 08/10/2001 *Verified CRJ*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

NONE *CRJ*

**IF REQUIRED, FOREIGN FILING LICENSE**

**GRANTED \*\* 04/02/2002**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>CRJ</i>	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> 6
Examiner's Signature	Initials				

**ADDRESS**

46900

**TITLE**

Backwards-compatible perceptual coding of spatial cues

<b>FILING FEE RECEIVED</b> 2632	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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